2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT FILED

DOCUMENT# 733816

Jun 26, 2006
Secretary of State

Entity Name: HARVEST LIFE CHURCH MINISTRIES OF CRESTVIEW, FLORIDA, INCORPORATED **Current Principal Place of Business: New Principal Place of Business:** 5978 OLD BETHEL ROAD CRESTVIEW, FL 32536 **Current Mailing Address: New Mailing Address:** 5978 OLD BETHEL ROAD CRESTVIEW, FL 32536 FEI Number: 59-2327138 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: JORDAN, STANLEY F. 5912 OAKHILL RD CRESTVIEW, FL 32536 US The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: STD () Delete () Change () Addition JORDAN, STANLEY F Name: Name: 5912 OAKHILL ROAD Address: Address: City-St-Zip: CRESTVIEW, FL 32536 City-St-Zip: Title: Title: (X) Change () Addition () Delete PHILPOTT, JAMES Name: HOOD, RICHARD D Name: Address: 6240 HWY 85 N Address: 126 KIPLING DRIVE City-St-Zip: CRESTVIEW, FL 32536 City-St-Zip: CRESTVIEW, FL 32539 Title: () Delete Title: () Change () Addition WALTERS, HAROLD D Name: Name: 5988 OLD BETHEL ROAD Address: Address: City-St-Zip: CRESTVIEW, FL 32536 City-St-Zip: Title: () Delete Title: () Change () Addition Name: BRYANT, ROBIN R Name: 5181 GRIFFITH MILL RD Address: Address:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: ROBIN BRYANT D 06/26/2006

City-St-Zip:

Title:

Name:

Address:

City-St-Zip:

HOLT, FL 32564

HOLT, FL 32564

BRYANT, FREDDIE L

5181 GRIFFITH MILL RD

() Delete

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